

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 225
County Registrar No. 17
Local Registrar No. 6

1. County of Pima
District of _____
Town of _____
or _____
City of Globe

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joseph Macaratti
3. Sex of Child Male { To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Jan. 28, 1925
Month day year

3. FATHER
Full name Carmelo Macaratti
9. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state _____
10. Color or race white
11. Age at last birthday 30 (Years)

14. MOTHER
Full maiden name Matilda Buffoni
15. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state _____
16. Color or race white
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Italy
(State or country) _____
13. Occupation Miner
Nature of industry _____

18. Birthplace (city or place) Globe
(State or country) Arizona
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother { (a) Born alive and now living. 3 (b) Born alive but now dead. 0 (c) Stillborn 0 }
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against erythema neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:00 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from a supplemental report _____
Signature C. W. Adams
(Physician or midwife)
Address Globe, Ariz.
Month, day, year. _____

Registrar.

Filed 2/4 1925 S. E. Wright
Local Registrar.
County Registrar.

159-128-429